STATE OF MARYLAND—CERTIFICATE OF DEATH

13000

1. PLACE OF DEATH

County Talbot Registration Dist. No. 294

Village or City St Michaels Rural No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Father Bonaw

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ✓

4. COLOR OR RACE Wlay

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Dec 18 1940

7. AGE Years Father Months ✓ Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Vend

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Michaels, Rural (State or country)

FATHER

13. NAME Bonaw

14. BIRTHPLACE (city or town) Talbot Co Md (State or country)

MOTHER

15. MAIDEN NAME Catherine Lenard

16. BIRTHPLACE (city or town) Talbot Co Md (State or country)

17. INFORMANT Mrs Catherine Bonaw (Address) St Michaels Md

18. BURIAL, CREMATION, OR REMOVAL Place Crematory Date Dec 17, 1940

19. UNDERTAKER Guy M Reese M D (Address) Tilghman Md

20. FILED 12/18, 1940 G. Jackson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Stillborn 19, to 19

I last saw h aliva on 19; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Fall sustained by mother

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What last confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Guy M Reese M. D.

(Address) Tilghman Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
JAN 8 1941
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(137-a)

CERTIFICATE OF DEATH

13901

Reg. Diat. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution? 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Preston

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

WITHIN CORPORATE LIMITS

3. (a) FULL NAME William Bowles

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Married

6.(b) Name of husband or wife: Ella Bowles

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years	Months	Days	If less than one day
54			..... hrs. ..... min.

9. Birthplace: Unknown (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER 12. Name: Unknown

13. Birthplace: "

MOTHER 14. Maiden name: "

15. Birthplace: "

16. Informant: Ella Bowles

Address: Preston Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/6/40 (month) (day) (year)

Cemetery or crematory: Preston

Location: Preston

18. Funeral director: W. H. Hollis & Son

Address: Preston

19. 12/4 1940 (Date rec'd by registrar) W. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 3 1940 at 10:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 10 1940, to Dec. 3 1940 and that I last saw h.. alive on Dec. 3 1940

Immediate cause of death	DURATION
Uremia	1 week
Due to: Prostatic Hypertrophy	1 yr
Due to:	
Other conditions: Syphilis	

(Include pregnancy within 3 months of death)

Major findings of operations: Benign Prostatic Hypertrophy

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: P-E Cox M.D.

M. D. or other

Address: Easton Date signed 12-4-40

RECEIVED
JAN 6 1941
BUREAU V. S.

13002

Dr Cox

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot.

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Jennie Haddock Camper

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Married

6.(b) Name of husband or wife Victor V. Camper

6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) June 10, 1882

8. AGE:

Years	Months	Days	If less than one day
58	5	9	hrs. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name James R. Haddock

13. Birthplace Del

MOTHER

14. Maiden name Mary Mitchell

15. Birthplace Del

16. Informant Victor V. Camper

Address Easton.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 10, 1940 (month) (day) (year)

Cemetery or crematory Spring Hill.

Location Easton, Md.

18. Funeral director James A. Spence

Address Easton, Md

19. 12/9 1940 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7, 1940, at 8 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1939, to 12-7- 1940

and that I last saw her alive on 12-7- 1940

Immediate cause of death	DURATION
Carcinomatosis	12 months
Due to Carcinoma of breast	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of breast

Date of op. 8/24/39

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. Cox M. Ds M. D. or other

Address Easton Md Date signed 12/7/40

VS A15 (T) (1) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

Dr Cox 13003

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Rural near Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr. in County, all his life

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Talbot

City or town: Rural, Easton Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: John F. Chaplain

3. (b) Social Security Number: —

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Maggie M. Chaplain

6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): 1/12/68

8. AGE: Years: 72 Months: 11 Days: 11 If less than one day: hrs. min.

9. Birthplace: Talbot
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Solomon D. Chaplain
13. Birthplace: Md

MOTHER
14. Maiden name: Mary Rolle
15. Birthplace: Md

16. Informant: James S. Chaplain
Address: Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12/26/40 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton Md

18. Funeral director: James A. Spencer
Address: Easton Md

19. 12/24 1940 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 23, 1940, at 7 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-22- 1940, to 12-23- 1940 and that I last saw him alive on 12-23- 1940

Immediate cause of death: Chronic myocarditis

Due to:

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

	DURATION
	6 months

Major findings of operations: Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. B. Cox M. D. (M. D. or other)

Address: Easton Md Date signed: 12-24-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

13904

CERTIFICATE OF DEATH

Reg. Dist. No. 39-v

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Oxford
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Entire life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Oxford Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Emma Laura Cook

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife: none

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 3, 1894

8. AGE:

Years	Months	Days	If less than one day
46	—	10	hrs. min.

9. Birthplace: Oxford Talbot Co., Md.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: I. Garner Cook
13. Birthplace: Ohio

MOTHER
14. Maiden name: Elizabeth A. Martin
15. Birthplace: Pennsylvania

16. Informant: Mrs. Elizabeth Cook
Address: Oxford, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 16 1940 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton, Md.

18. Funeral director: Maurice E. Nevans & Son
Address: Easton, Md.

19. Dec 14 1940 (Date rec'd by registrar) Joseph A. Ross Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 13 1940, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1939, to Dec 13 1940, and that I last saw h[illegible] alive on Dec 12 1940.

Immediate cause of death: Recurrent carcinoma of breast

DURATION: 18 mos

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Joseph A. Ross M. D.
Address: Oxford Md. Date signed: 12/14/40

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-0)

CERTIFICATE OF DEATH

13005

Reg. Dist. No. 29r

1. PLACE OF DEATH:
County Talbot
City or town Oxford
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Oxford Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Josephus Davis Crockett

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Carrie Campbell Crockett (Thompson)
6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Oct 3 1869

8. AGE:

Years	Months	Days	If less than one day
71	2	19	hrs. min.

9. Birthplace Oxford, Md.
(Town, county, and state)
10. Usual occupation Waterman
11. Industry or business
FATHER 12. Name Joseph Crockett
13. Birthplace Salisbury Md
MOTHER 14. Maiden name Mary Elizabeth Harrison
15. Birthplace Talbot Co. Md.
16. Informant Walter Crockett
Address Oxford, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 24 1940 (month) (day) (year)
Cemetery or crematory Oxford, Md.
Location Oxford - Md
18. Funeral director Maurice E. Newnam & Son
Address Easton Md.
19. Dec 23rd 1940 (Date rec'd by registrar) Jos. H. Ross Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22nd 1940, at 6.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 22nd 1940, to Dec 22nd 1940, and that I last saw him alive on Dec 10th 1940.

Immediate cause of death	DURATION
Cardiac decompensation	Instant
Due to Chronic myocarditis	1938.
Due to	
Other conditions Chronic Bronchial Asthma.	about 1920

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Jos. H. Ross M.D. M. D. or other
Address Oxford, Md. Date signed 12/23/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-E)

13006

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH:

County Talbot

City or town Tilghman

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 80 years 3 months

Hospital, institution, or street address where death occurred: ✓

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Tilghman

(If outside city or town limits, write RURAL and give nearest town)

Street No. ✓

(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME John T. Cummings

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife Annie V. Cummings

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Sept. 1. 1860

8. AGE:

Years	Months	Days	If less than one day
80	3		hrs. min.

9. Birthplace Tilghman Md. (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business oyster industry

FATHER 12. Name Thomas Cummings

13. Birthplace Talbot Co. Md.

MOTHER 14. Maiden name Nancy North

15. Birthplace Tilghman Md.

16. Informant William T. Cummings

Address Tilghman Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 3. 1940 (month) (day) (year)

Cemetery or crematory Tilghman M. E.

Location Tilghman Md.

18. Funeral director J. Norman Marshall

Address St. Michaels Md.

19. 12-3- 1940 (Date rec'd by registrar) G. A. Jackson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1940 at 10:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 20 1940 to Dec 1 1940 and that I last saw him alive on Dec 1 1940

Immediate cause of death Cerebral Hemorrhage

Due to Chronic nephritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION: 6 mo

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Guy M Reese Md M. D. or other

Address Tilghman Md Date signed Dec 1940

RECEIVED
JAN 8 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c)

13907

CERTIFICATE OF DEATH

Reg. Dist. No. 240

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr.
Hospital, institution, or street address where death occurred: Emergency Hospital
How long in hospital or institution? 1 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Anne
City or town Queenstown.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Richard De Lacy

3.(b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868 June 2 July

8. AGE:

Years	Months	Days	If less than one day
72	5		hrs. min.

9. Birthplace Washington D.C.
(City, county, and state)
10. Usual occupation Retired Railroad Engineer
11. Industry or business P.R.R.
FATHER 12. Name John De Lacy
13. Birthplace Ireland
MOTHER 14. Maiden name Annie M. Farrell
15. Birthplace Washington D.C.
16. Informant James T. De Lacy
Address Centreville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-8-40 (month) (day) (year)
Cemetery or crematory Saint Peters
Location Queenstown, Md.
18. Funeral director Barton Bros.
Address Centreville, Md.
19. 12/16 1940 (Date rec'd by registrar) N.H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1940, at 2.30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/8 1940, to 12/16 1940
and that I last saw him alive on 1940

Immediate cause of death Cerebral Concussion — DURATION 8 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 12-8-40
Where did injury occur? Near Queenstown Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) 404 State Highway
Means of injury Automobile Injured at work? No

23. SIGNATURE Samuel Race
Deputy Medical Examiner M. D. or other
Address Queenstown Date signed 12-16-40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

13908

Reg. Dist. No. 294

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Talbot

City or town: Tilghman

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 83 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Tilghman

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME George W. Frampton

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Angie E. Frampton

6.(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): March 11 1857

8. AGE:

Years	Months	Days	If less than one day
83	8	28	hrs. min.

9. Birthplace: Queene Anne County Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Retired

FATHER

12. Name: Vincent Frampton

13. Birthplace: Queene anne Co. Md.

MOTHER

14. Maiden name: Wilmina Melvale

15. Birthplace: Queene anne Co. Md.

16. Informant: Angie E. Dinclais

Address: Tilghman

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-11-40 (month) (day) (year)

Cemetery or crematory: Tilghman M.E.

Location: Tilghman Md.

18. Funeral director: Norman Meredith

Address: St. Michaels

19. 12-11- 1940 (Date rec'd by registrar) G F Jameson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 9 1940 at 6:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 6 1940 to Dec 9 1940 and that I last saw h.. alive on Dec 9 1940

	DURATION
Immediate cause of death: Cerebral Hemorrhage	3 Days
Due to: Arterio Sclerosis	3 Yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Guy McReese M.D. M. D. or other

Address: Tilghman Md. Date signed: Dec 16 1940

RECEIVED
JAN 8 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (88-a)

CERTIFICATE OF DEATH

13009

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Emergency Hospital
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME Paul R. Gallagher

3.(b) Social Security Number —

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Mina L. Gallagher
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): October 11 1894
8. AGE: Years: 46 Months: 2 Days: 14 If less than one day: ..... hrs. ..... min.
9. Birthplace: Marshall, Illinois (Town, county, and state)
10. Usual occupation: merchant
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace: "
MOTHER 14. Maiden name: Unknown
15. Birthplace: "
16. Informant: Mrs. Mina L. Gallagher
Address: Easton, Md.
17. Removal (Burial, cremation, or removal. Which?) Date thereof 12 (month) 30 (day) 40 (yedr)
Cemetery or crematory: Marshall, Ill.
Location: Marshall, Ill.
18. Funeral director: Joyce & Dawson
Address: Easton, Md.
19. 12/27 1940 (Date rec'd by registrar) N. H. Merrill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 25 1940, at ..... M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 22 1940, to Dec. 25 1940
and that I last saw h[illegible] alive on Dec. 25 1940

	DURATION
Immediate cause of death: Intraventricular Hemorrhage	3 da
Due to: Malignant Hypertension	[illegible]?
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operation: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) ..... (County) ..... (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Lyle Baker M.D. M. D. or other
Address: Easton Date signed 12-26-40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937)

13010

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton 2nd (If outside city or town limits, write RURAL NEAR and give town)
Street address (Hospital, or institution):
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Denton 2nd Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma Gattis

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Col.	married

6 (b) Name of husband Harrison Gattis
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 10, 1860

8. AGE: Years 80 | Months 5 | Days 24 | If less than one day hrs. min.

9. Birthplace Denton Caroline 2nd (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Smith
13. Birthplace 2nd

MOTHER 14. Maiden name Harrett
15. Birthplace 2nd

16. Informant Annie Taylor
Address Denton 2nd

17. Buried (Burial, cremation, or removal. Which?) Date thereof 12/4/40 (month) (day) (year)
Cemetery or crematory Spring Grove Cemetery
Location Denton 2nd

18. Funeral director J. Virgil Tyson & Son
Address Denton 2nd

19. 12/2 1940 N. H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1, 1940, at 8A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 1940 to Dec. 1 1940, and that I last saw h alive on Dec. 1 1940.

Immediate cause of death	DURATION
Acute Myocarditis	3 mo.
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Maynard J. Webb, M.D.
M. D. or other
Address Easton, Md. Date signed 12/2/40

JAN 6 1941
BUREAU V. S.

Baker

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13011

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? on arrival

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Caroline

City or town Federalsburg R D (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Glessner

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1940

8. AGE: Years | Months | Days | If less than one day: hrs. min.

9. Birthplace Easton Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name James Abel Glessner

FATHER 13. Birthplace Somerset Co. — Penna.

MOTHER 14. Maiden name Mabel Mae Camphenaur

MOTHER 15. Birthplace Bedford Co. — Penna.

16. Informant Mrs. James A. Glessner

Address Federalsburg, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 12/24/40 (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton

18. Funeral director Emergency Hospital

Address Easton

19. 12/24 1940 (Date rec'd by registrar) M. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw h alive on 19

Immediate cause of death Prematurity — DURATION

Due to Stillborn

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. Tyler Baker M.D. M. D. or other

Address Easton Date signed 12/24/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-E)

13012

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot County,

City or town: Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? One year

Hospital, Institution, or street address where death occurred: At home Adkins Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME ALTENA W. GREEN

3.(b) Social Security Number None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife: Frederick Samuel Green

6.(c) If alive, give age: deceased years

7. Birth date of deceased (mo., day, yr.): August 23 1869

8. AGE: Years: 81 Months: 3 Days: 12 If less than one day: hrs. min.

9. Birthplace: New York City.

(Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business: None.

FATHER

12. Name: Freeman Loomis

13. Birthplace: New York City.

MOTHER

14. Maiden name: Eleanor G. Fish

15. Birthplace: Pughkeepsie, N.Y.

16. Informant: Ethel G. Rieman (Daughter)

Address: Adkins Ave. Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 7, 1940 (month) (day) (year)

Cemetery or crematory: Spring Hill Cemetery.

Location: Easton, Md

18. Funeral director: James A. Keene

Address: Easton Md

19. 12/6 1940 (Date rec'd by registrar) N. H. Nevius Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12-5- 1940, at 4 00 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-1- 1940, to 12-5- 1940 and that I last saw her alive on 12-5- 1940

Immediate cause of death	DURATION
abdominal carcinomatosis (Primary focus not determined)	6 months
Due to	
Due to	
Other conditions: arteriosclerosis	10 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: B. Cox M. D. M. D. or other

Address: Easton Md Date signed: 12-6-40

VS A15 (M) (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

dot

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-D)

13013

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 Mo. 25 das.

Hospital, institution, or street address where death occurred: Easton Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Albert B. Hardin

3. (b) Social Security Number no

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) September 27, 1877

8. AGE: Years 63 Months 2 Days 2 If less than one day ..... hrs. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Charles Henry Hardin

13. Birthplace Maryland

MOTHER 14. Maiden name Ann Elizabeth Pasterfield

15. Birthplace Maryland

16. Informant C. R. Rowens

Address Easton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 31 1940 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md

18. Funeral director James A. Spence

Address Easton, Md.

19. 12/30 1940 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1940 at 6 40 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4 1940 to Dec. 29 1940 and that I last saw him alive on December 29 1940

Immediate cause of death: Carcinoma of recto-sigmoidal junction

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION: 1 yr

Major findings of operations Carcinoma of bowel

Date of op. 3/1/40

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D. M. D. or other

Address Easton Md Date signed 12/30/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(M) (I) (T)

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-a)

CERTIFICATE OF DEATH

13014

Reg. Dist. No. 294

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Tilghman
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 63 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Tilghman Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ira B. Harrison

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Elsie Harrison
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 9, 1877

8. AGE:

Years	Months	Days	If less than one day
63	3	23	hrs. min.

9. Birthplace Tilghman Md
(Town, county, and state)
10. Usual occupation Well Driller
11. Industry or business

FATHER
12. Name James Harrison
13. Birthplace Tilghman Md

MOTHER
14. Maiden name Matilda Edgell
15. Birthplace Hurlock Md.

16. Informant Mrs Lola Harrison
Address Tilghman Md.

17. Burial Date thereof Dec. 4, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cemetery - Tilghman Md &
Location Tilghman Md
18. Funeral director Newnam & Harrison
Address St. Michaels Md

19. 12-4 1940 G T Harrison
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 2 1940, to Dec 2 1940, and that I last saw him alive on Dec 1 1940.

	DURATION
Immediate cause of death Coronary Occlusion	1/2 h.
Due to Arterio Sclerosis	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Guy M Reese, M.D.
M. D. or other
Address Tilghman Md Date signed Dec 2 1940

Coronary Occlusion

RECEIVED
JAN 8 1941
BUREAU V. S.

42

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13015

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Caroline

City or town Greensboro (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Jump,

3. (b) Social Security Number ✓

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1940

8. AGE: Years | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Easton - Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER: 12. Name Wilson E. Jump

13. Birthplace Harrington, Del.

MOTHER: 14. Maiden name Nettie Moore

15. Birthplace Ridgely, Md.

16. Informant Wilson E. Jump

Address Greensboro, Md.

17. Cremation (Burial, cremation, or removal, which?) Date thereof 12/24/40 (month) (day) (year)

Cemetery or crematory Easton

Location Emergency Hospital

18. Funeral director Emergency Hospital

Address Easton

19. 12/24 1940 (Date rec'd by registrar) N. H. Neeves Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1940 at 10:53 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 24 1940, to Dec. 24 1940 and that I last saw him alive on Stiefhorn Dec. 24 1940

Immediate cause of death

Hydramnios C

Due to Deformed Uterus

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. M. D. or other

Address Easton Md Date signed 12/24/40

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13016

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Caroline

City or town Greensboro (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Jump

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1940

8. AGE: Years | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Easton - Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Wilson E Jump

13. Birthplace Harrington Del.

MOTHER 14. Maiden name Nettie Moore

15. Birthplace Ridgely Md

16. Informant Wilson E. Jump

Address Greensboro Md

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 12-24-40 (month) (day) (year)

Cemetery or crematory Easton

Location Emergency Hospital

18. Funeral director Emergency Hospital

Address Easton

19. 12/24 1941 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1940, at 10-57 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 24 - 1940, to Dec. 24 1940 and that I last saw her alive on Still Born Dec. 24 1940

Immediate cause of death | DURATION

Due to Hydramnios C deformed twins

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. M. D. or other

Address Easton Md Date signed 12/24/40

RECEIVED
JAN 6 1941
BUREAU V. S.

13017

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Rural, Easton, Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 1/2 yrs.

Hospital, Institution, or street address where death occurred: "Outside"

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Talbot.

City or town Rural, Easton, Md. (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war ✓

3.(a) FULL NAME CHARLES KELLUM

3.(b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	C.	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown.

8. AGE:	Years	Months	Days	If less than one day
About	7 yr			hrs. min.

9. Birthplace Talbot County, Md. (Town, county, and state)

10. Usual occupation Laborer (Farm Work)

11. Industry or business

FATHER 12. Name Charles Kellum

13. Birthplace Md.

MOTHER 14. Maiden name Eliza Townsend

15. Birthplace Md

16. Informant Nettie Flamer

Address Easton, Md. R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 21, 1940 (month) (day) (year)

Cemetery or crematory Coppersville

Location Rural, Easton, Md.

18. Funeral director James A. Spence

Address Easton, Md.

19. 12/20 1940 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1940 19 at 11:15 A M

21. I CERTIFY that death occurred on the date above stated; [redacted] 19 , to 19

and that I last saw h alive on 19

Immediate cause of death Cerebral hemorrhage (third in 18 mo.)

DURATION immediat

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Louis D. Netty M.D. Dep. Med Ex. M. D. or other

Address Easton Md Date signed 12-19-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13018

Reg. Diat. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Park St
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: no name of Stillborn (2 mos)

3.(b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	single

6.(b) Name of husband or wife: no
6.(c) If alive, give age: no years

7. Birth date of deceased (mo., day, yr.): Dec. 15, 1940

8. AGE: Years	Months	Days	If less than one day
0	0	0	0 hrs. 0 min.

9. Birthplace: Easton Talbot Co
(Town, county, and state)
10. Usual occupation: no
11. Industry or business: no

FATHER
12. Name: Herbert S Kemp
13. Birthplace: Easton Md

MOTHER
14. Maiden name: Frances Cummings
15. Birthplace: Talbot Co

16. Informant: Mrs Francis C. Kemp
Address: Easton Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 12-16-40 (month) (day) (year)
Cemetery or crematory: no Easton, Md.
Location: Easton Md.

18. Funeral director: no Herbert S Kemp
Address: Easton

19. 12/16 1940 (Date rec'd by registrar) N. H. Merrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 15 1940 at 7 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1940 to Dec 15 1940
and that I last saw h alive on no 19

Immediate cause of death	DURATION
Premature (2 mos)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: no
Date of op.
Autopsy results: no
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide: no Date of
Where did injury occur? no (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) no
Means of injury Injured at work?

23. SIGNATURE: A. McC. Timmis M. D. or other
Address: Easton Md Date signed 12-16-40

RECEIVED
JAN 6 1941
BUREAU V. S.

13019

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 65 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Harry Francis McKnett

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	Married

6.(b) Name of husband or wife Mollie P. McKnett

6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1883

8. AGE:

Years	Months	Days	If less than one day
67	11	20	hrs. min.

9. Birthplace Queen Anne County, Md. (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name John R. McKnett.
13. Birthplace Md.

MOTHER
14. Maiden name Mary E. Baggs.
15. Birthplace Md

16. Informant Mollie P. McKnett

Address Easton Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof Dec 26, 1940 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton

18. Funeral director James A. Spence

Address Easton Md

19. 12/24 1940 (Date rec'd by registrar) N. H. Neeriy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1940 at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 11 1938, to Dec 23 1940 and that I last saw him alive on 12-23 1940

Immediate cause of death	DURATION
Acute Cardiac Decompensation	3 da.
Due to Malignant Hypertension	20 years
Due to	
Other conditions	

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker M.D. M. D. or other

Address Easton Date signed 12-23-40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

CERTIFICATE OF DEATH

13020

Reg. Dist. No. 290

Baker

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Emergency Hospital

How long in hospital or institution? 15 hours 48 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town Bozman
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME McQuay

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1940

8. AGE: Years	Months	Days	If less than one day
			15 hrs. 48 min.

9. Birthplace Easton, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Harvey Henry McQuay
13. Birthplace Bozman, Maryland

MOTHER
14. Maiden name Ella Eugenia Valliant
15. Birthplace Tilghman, Maryland.

16. Informant Mr. Harvey H. McQuay
Address Bozman, Md.

17. Cremation Date thereof 12-22-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Emergency Hospital

18. Funeral director Emergency Hospital

Address Easton

19. 12/22/40 N. A. Meeries
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 1940 at 4:04 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec. 22 1940, to Dec. 22 1940 and that I last saw h[illegible] alive on Dec. 22 1940

Immediate cause of death	DURATION
Premature birth	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lyle Baker M.D.
M. D. or other

Address Easton Date signed 3/20/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13021

CERTIFICATE OF DEATH

Reg. Diat. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution? 27 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No. 16 Bay Street

(If rural, give LOCATION)

2.(a) If veteran, name war

OTHER THAN HOSPITAL OR INSTITUTION

3. (a) FULL NAME LeRoy Goodin Newell Sr.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 22 – 1940

8. AGE:

Years	Months	Days	If less than one day
	2	18	..... hrs. ..... min.

9. Birthplace: Easton, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name: Mr. LeRoy G. Newell Sr.

13. Birthplace: Virginia

MOTHER

14. Maiden name: Frances R. Russ

15. Birthplace: Md.

16. Informant: Mrs. Alice Amundsen

Address: Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 13 – 1940 (month) (day) (year)

Cemetery or crematory: Spring Hill Cemetery

Location: Easton, Md.

18. Funeral director: James A. Bruce

Address: Easton, Md.

19. 12/11 1940 N. H. Meeres

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 10 1940, at 7:52 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 9 1940, to Dec 10 1940

and that I last saw him alive on Dec. 10 1940

Immediate cause of death	DURATION
Lobar pneumonia	2 da
Due to	
Due to	
Other conditions: Prematurity	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Lyle Barton M.D. M. D. or other

Address: Easton Date signed 12-11-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

13023

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution or street address where death occurred: Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Caroline

City or town Denton (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Fetus Pallard

3. (b) Social Security Number No

4. Sex male

5. Color or race white

6.(a) Single, married, widowed, or divorced 2d twin 1st born in Caroline Co

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1940

8. AGE: Years Months Days If less than one day hrs. min.

Fetus

9. Birthplace Easton Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Mr. Raymond Pallard

13. Birthplace Leesburg, N.J.

MOTHER 14. Maiden name Beatrice Geneva Dyre

15. Birthplace Goldsboro, Md.

16. Informant Mrs. Geneva Pallard

Address Denton, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 12/13/40 (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton

18. Funeral director Emergency Hospital

Address Easton

19. 12/13 1940 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1940 at 1:35 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw h alive on 19

Immediate cause of death Incomplete Abortion — DURATION 2 months

Due to Unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. Palmer M. D. or other

Address Easton Md Date signed 12/13/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (151)

13022

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Emergency Hospital

How long in hospital or institution? 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Ridgely
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Ronald Pollard

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

8.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1940

8. AGE: Years	Months	Days	If less than one day
4	3 mos.	24	..... hrs. ..... min.

9. Birthplace Ridgely, Caroline, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Mr. Woodrow Pollard
13. Birthplace Denton, Md.

MOTHER
14. Maiden name Louise Hignutt
15. Birthplace Greensboro, Md.

18. Informant Woodrow Pollard
Address Denton, Md.

17. Burial Date thereof Dec. 16, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Denton,

Location Denton, Md.

18. Funeral director J. V. Moore & Son
Address Denton, Md.

19. 12/13 1940 N. H. Neeries
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1940, at 1 30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 27 1940, to Dec 13 1940 and that I last saw her alive on Dec 13 1940

Immediate cause of death	DURATION
cellulitis of scalp	2½ mo.
Due to staphyloccus infection	
Due to	
Other conditions Furunculosis	1 mo.
Malnutrition	

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eleanor H. McCoy
M. D. or other

Address Easton, Md Date signed 12-14-40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

13024

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton R. D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 17 yrs
Hospital, institution, or street address where death occurred:
" Outside
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town Easton R D
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME John J. Reese

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married

6.(b) Name of husband or wife Elizabeth Angus Reese
6.(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Aug 16th 1861

8. AGE:

Years	Months	Days	If less than one day
79	3	8	...hrs. ...min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name John Reese
13. Birthplace Md.
MOTHER 14. Maiden name Rhoda Sullivan
15. Birthplace Md.
16. Informant Mrs. John J. Reese
Address Easton
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 16, 1940 (month) (day) (year)
Cemetery or crematory Spring Hill
Location East St.
18. Funeral director James A Reese
Address Easton
19. 12/25 1940 M. H. Merrill
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14th 1940, at 4:45 P. M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ...1940, to Dec 24 1940
and that I last saw him alive on Dec 23 1940

Immediate cause of death	DURATION
Coronary Occlusion	12 hrs
Due to Arteriosclerosis ?	?
coronary arteries	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations none
Date of op.
Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Williams, Raymond M. D. or other
Address Easton Md. Date signed 12/25/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

13025

Reg. Dist. No. 294

1. PLACE OF DEATH:

County: Talbot

City or town: Tilghman (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? About one year

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Tilghman (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Carrie R. Seibert

3.(b) Social Security Number: ✓

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): June 12, 1862

8. AGE: Years: 78 Months: 6 Days: 12 If less than one day ... hrs. ... min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER 12. Name: Henry Seibert

13. Birthplace: Baltimore Md.

MOTHER 14. Maiden name: Mary E. Meyers

15. Birthplace: Baltimore Md.

16. Informant: Mrs. Delia Lee

Address: Tilghman's Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 28-1940 (month) (day) (year)

Cemetery or crematory: Louden Park

Location: Baltimore, Md

18. Funeral director: J. Norman Marshall

Address: St. Michales Md

19. 12-26 1940 (Date rec'd by registrar) G. Jackson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 24 1940, at 9:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 23 1940, to Dec 24 1940 and that I last saw her alive on Dec 24 1940

Immediate cause of death: Cerebral Hemorrhage — DURATION: 24 hrs

Due to: Hypertension, arteriosclerosis — 5 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Guy M Reese M.D. M. D. or other

Address: Tilghman Md Date signed: Dec 26 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 8 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52B

13026

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town St. Michaels
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 71 years 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town St. Michaels Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME A. Estella Smithman

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9 1869

8. AGE: Years 71 | Months — | Days 7 | If less than one day hrs. min.

9. Birthplace St. Michaels Talbot Co Md
(Town, county, and state)

10. Usual occupation Milliner

11. Industry or business

FATHER 12. Name Charles A. Smithman

13. Birthplace Lancaster, Pa.

MOTHER 14. Maiden name Elizabeth E. McQuay

15. Birthplace Bozman Talbot Co. Md

16. Informant Miss Virginia Bradford

Address St. Michaels Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 19, 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location St. Michaels Md

18. Funeral director Newnam & Harrison

Address St. Michaels Md

19. Dec 18 1940 (Date rec'd by registrar) John Hurwales Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1940, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1940, to Dec 16 1940, and that I last saw h- alive on Dec 16 1940

Immediate cause of death	DURATION
Uremic Coma	3 days
Due to Carcinoma of bladder	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. H. Hope M.D.
M. D. or other
Address St. Michaels, Md Date signed 12/18/40

RECEIVED
JAN 6 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

13027

1. PLACE OF DEATH (30-f)

County Talbot Registration Dist. No. 293

Village or City Wye Mills No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Stewart If U. S. Veteran, specify WAR

(a) Residence: No. Wye Mills Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 16 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Wye Mills
(State or country) Maryland

FATHER

13. NAME Christopher Stewart

14. BIRTHPLACE (city or town) Wye Mills
(State or country) Md

MOTHER

15. MAIDEN NAME Rosetta Harris

16. BIRTHPLACE (city or town) Wye Mill
(State or country) Md

17. INFORMANT Christopher Stewart
(Address) Wye Mills

18. BURIAL, CREMATION, OR REMOVAL
Place Wye Mills - Md. Date 12/23 1940.

19. UNDERTAKER Christopher Stewart
(Address) Wye Mills - Md.

20. FILED 12/23 1940. J. L. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 22 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1940, to Dec 22, 1940.

I last saw h[illegible] alive on Dec 22, 1940; death is said to have occurred on the date stated above, at 11.20 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Congenital Syphilis	6 day
Hæmolytic Jaundice of New Born	2 day

Other Contributory Causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. K. Kaylor M. D.

(Address) Easton, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED 1941 CENSUS BUREAU U. S. JAN 3 1941 CENSUS BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

13028

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (188)

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Easton Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Sudlersville, Md (Rural)

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME Oscar Tate

3. (b) Social Security Number no

4. Sex: Male

5. Color or race: Black

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Genevia Tate

6.(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.): June (unknown)

8. AGE: Years 66 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: farmer

11. Industry or business

FATHER
12. Name: Robert Tate
13. Birthplace: unknown

MOTHER
14. Maiden name: Mary Johnson
15. Birthplace: unknown

16. Informant: Genevia Tate

Address: Sudlersville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/3/41 (month) (day) (year)

Cemetery or crematory: Chesterville

Location: Chestertown, Md. R.D.

18. Funeral director: Marvin V. Williams

Address: Chestertown, Md. Fm. Ed. Bacon

19. 12/31 1940 (Date rec'd by registrar) N. H. Neeves Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1940, at 8 30 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/30 1940, to 12/31 1940 and that I last saw him alive on 12/31 1940

Immediate cause of death

Due to Intestinal obstruction

Due to Traumatism of Bowel — Ruptured Bowel?

Other conditions —

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations —

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of 12 27 40

Where did injury occur? at home Queen Anne Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) at home

Means of injury Kicked by cow Injured at work? yes

23. SIGNATURE M. Palmer M.D. (M. D. or other)

Address Easton Md Date signed 12/31/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

CERTIFICATE OF DEATH

Dr Stevens

13029

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Talbot

City or town Easton R.D. (Tunis Mills)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: "Outside

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton R.D. (Tunis Mills) Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME William E Thomas

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Annie Sherwood deceased

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 10-1862

8. AGE: Years	Months	Days	If less than one day
78	10-	19-	hrs. min.

9. Birthplace Talbot County Md. (Town, county, and state)

10. Usual occupation Farmer Laborer

11. Industry or business

FATHER 12. Name Theo Thomas

13. Birthplace Royal Oak Md

MOTHER 14. Maiden name Margaret Green

15. Birthplace Royal Oak, Md

16. Informant John E. Thomas

Address Easton R.D. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 31-40 (month) (day) (year)

Cemetery or crematory Richards Cemetery

Location Easton Maryland

18. Funeral director John D. Williams

Address Easton Md.

19. 12/30 19 40 (Date rec'd by registrar) N.A. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29th 1940, at 4a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-20- 1940, to 12-29 1940, and that I last saw him alive on 12-20- 1940.

	DURATION
Immediate cause of death Acute Nephritis	3 days
Due to Chronic Nephritis	Unknown
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE R. W. C. Stevens M D (M. D. or other)

Address Easton Md Date signed 12-30-40

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

13030

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg - Rural (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Chestnut Grove (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Randall Douglas Todd

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) December 4-1940

8. AGE: Years | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Emergency Hospital, Easton, Md. (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name James Kemp Todd
13. Birthplace Federalsburg, Md. R.D.

MOTHER
14. Maiden name Mildred Meredith
15. Birthplace Federalsburg, Md. R.D.

16. Informant Mrs. J. Kemp Todd

Address Federalsburg, Md. R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 4, 1940 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Hampton and Son

Address Federalsburg, Maryland

19. 12/4 19 40 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 19 40 at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 4 19 Still-Birth 19

and that I last saw h ... alive on ... 19

Immediate cause of death: Unknown Still Birth with Complete Gain Lip and Cleft-Palate

Due to Unknown.

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations — Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE W. E. Lennon MD M. D. or other

Address Federalsburg Md Date signed 12-4-40

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

13031

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot

City or town Oxford
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME White.

3.(b) Social Security Number ✓

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) December 4, 1940

8. AGE: Years ✓ | Months | Days | If less than one day 22 hrs. ... min.

9. Birthplace Easton - Talbot Co., Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Walter White
13. Birthplace Oxford, Md.

MOTHER
14. Maiden name Mabel Dobson
15. Birthplace Oxford Md.

16. Informant Mr. Walter White
Address Oxford, Md.

17. Cremation
(Burial, cremation, or removal. Which?)
Date thereof Dec. 4, 1940
(month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton

18. Funeral director Emergency Hospital
Address Easton, Md.

19. 12/4 1940 N. H. Neeries
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1940, at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 4 1940, to Dec. 4 1940 and that I last saw him alive on December 4 1940

Immediate cause of death: Premature Birth — DURATION 6 1/2 mo.

Due to unknown

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE N. N. Palmer M.D.
M. D. or other

Address Easton Md. Date signed 12/5/40

RECEIVED
JAN 6 1941
BUREAU V. S.